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FACSIMILE TRANSMISSION COVER SHEET

Date: June 23, 2004

To: United States Patent and Trademark Office
Examiner: Dwin M. Craig; Art Unit: 2123

Fax: (703) 872-9306

Re: Application Serial No.: 09/586,433
Filing Date: 6/2/2000; First Named Inventor: Ulrich Bortfeld
Attorney Docket No.: 02CON359P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 22

Message:

Enclosed please find the Amendment and Response to the Office Action dated March 23, 2004 and a Terminal Disclaimer for the above-captioned application. The USPTO is hereby authorized to charge Deposit Account No. 50-1867 for the Terminal Disclaimer Fee in the amount of \$110.00.

Thank you.

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JUN 23 2004
Attorney Docket No. 02CON359P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Bortfeld, Ulrich

SERIAL NO.: 09/586,433 FILED: June 2, 2000

FOR: Method and Apparatus for Unified Simulation

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HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	17	MINUS **17	* = 0	x 18	x 9	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

+ 290	+ 145	\$
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 02CON359P

Total fee for Supplemental Information Disclosure Statement \$

Fee for enclosed terminal disclaimer \$ 110.00

Enclosed is the total fee of \$___. (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-1867 in the amount of \$ 110.00

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 6/23/04

By: Michael Farjami, Reg. No. 38,135

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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